



Connecticut River Area Health District  
455 Boston Post Rd. Suite 7  
Old Saybrook, CT 06475  
Phone 860-661-3300 Fax 860-661-3333

**ENGINEERED PLAN REVIEW**

**CIRCLE:**                      New                      Repair                      Subdivision  
(New & Repair: \$110.00/Residential \$200.00/Commercial)                      (\$75.00 per lot)

ENGINEER: \_\_\_\_\_ LICENSE # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ OWNER PHONE # \_\_\_\_\_

**I attest that the plan submitted for Health District approval is compliant with the CT Public Health Code.**

**When applicable a copy of the building plans/floor layout must accompany the septic plan.**

DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Office Use.....**

FEE \_\_\_\_\_ Check # \_\_\_\_\_ Cash                      Credit/Debit

Date Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Plan: \_\_\_\_\_ Last Revision Date: \_\_\_\_\_